

DRAFT

PREFERRED DRUG LIST MEETING SCHEDULE

State of Montana
Department of Public Health &
Human Services

Montana Medicaid Drug Use Review Board/Formulary Committee Meeting

The State of Montana Medicaid Drug Utilization Review Board/Formulary Committee will tentatively hold a meeting on :

Date: October 27, 2004 (Wednesday)
Time: 1:00 pm – 4:00 pm Mountain Time
Location: Montana Association of Counties (MACo) Building
2715 Skyway Drive, Helena

At this time the Montana Medicaid Drug Utilization Review Board/Formulary Committee will tentatively review the following drug classes for Preferred Drug List (PDL) review:

Tentative

Drug Class Reviews

All drugs reviewed pertain to oral drugs unless otherwise indicated

- STATINS
- CHOLESTEROL ABSORPTION INHIBITORS
- CYCLOOXYGENASE-2 INHIBITORS (COX II's)
- ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACEI), ACEI DIURETIC COMBINATIONS AND CALCIUM CHANNEL BLOCKER COMBINATIONS
- CALCIUM CHANNEL BLOCKERS (CCBs) (DIHYDROPYRIDINE CCB and NONDIHYDROPYRIDINE CCB)
- BETA BLOCKERS

Public Testimony will be taken into consideration in the committee's recommendations as to which drugs should be given preferred status in the above listed classes of medications for the state's Medicaid program. Sign-up for public comment will occur between 12:30pm -12:55 pm outside the Conference Room. See the General Procedures for Public Comment section of this document for further details

For a complete listing of agents to be discussed, please see the Complete Drug Listing that follows

Clinical Information: Clinical information (in electronic format in PDF in the AMCP style dossier or desired style) may be sent on the drug classes listed above by October 20, 2004 to:

Mark Eichler, Mountain-Pacific Quality Health Foundation,
Tel: 406-457-5818, meichler@mpqhf.org.

Note: This request constitutes a request for information pertaining to peer-reviewed literature including off label peer-reviewed studies or AMCP style - dossiers. Please note that all information sent is subject to public disclosure and that proprietary and confidential material should not be sent and that the sender accepts responsibility for all information sent. All information sent will be posted on a public website for viewing.

**Montana Medicaid
Department of Public Health and Human Services
DUR Board Meeting**

General Procedures for Public Comment

1. Thirty minutes prior to the beginning of the DUR Board Meeting, a sign up sheet for Public Comment will be posted for Pharmaceutical Manufacturers and Special Interest Groups for each Drug Class to be reviewed.
2. Sign up will close 5 minutes prior to the beginning of the DUR Board Meeting.
3. Speakers will be assigned on a first come basis respective to each Drug Class discussion.
4. Speakers will be asked to present on their corresponding product or interest.
 - a. Public comment will be allowed for twenty (20) minutes before each class review and speakers will have three (3) to five (5) minutes per speaker depending on the number of speakers for each drug class group.
 - b. Speakers must state their name, their affiliation, and whom they are speaking on behalf of or on request of, with any funding or payment agreements disclosed. Any studies cited during the presentation should be referenced with the primary source of funding included.
 - c. Handouts are limited to two (2) pages (paper size: 8.5" by 11", one side only) of documentation. Access to computers or other technology presentation devices for slide presentations will not be available during this comment period.
 - d. Public Comment will be limited to clinical and social comments; pricing or financial information regarding products and outcomes will not be permissible. The Board will be utilizing clinical information only. Information regarding pricing, cost or any other information of a financial nature will not be permissible and should not be discussed in handouts or during presentation by any public speaker.
 - e. The speakers presenting handouts are asked to provide at least fifteen (15) copies that will be distributed by Foundation staff to the DUR Board members and the State members present.
 - f. Copies will be collected by Foundation staff members at the time of sign-up.
 - g. The State, FHSC and the DUR Board will be allowed to ask questions if needed during the presentation or after for clarification or discussion. Presenters will only be allowed to answer questions when specifically requested to do so by the Board during the remainder of the meeting.
 - h. It is not permissible for presenters to interject or ask questions to DUR Board members during the session
5. Individual products may only be represented by one presentation. For example, a product jointly ventured by two pharmaceutical companies can only be represented once.

Note: These procedures may be revised at the discretion of the Department.

**Montana Department of Public Health and Human Services
Drugs to be reviewed on October 27, 2004**

NOTE: this listing is a list of drugs that will be discussed at the next Montana Medicaid DURB/Formulary Meeting. The order of drugs and their grouping within specific clinical classes may vary in presentation

STATINS ADVICOR® ALTOPREV® (formerly Altacor) LESCOL® LESCOL XL® LOVASTATIN MEVACOR® PRAVACHOL® PRAVIGARD PAC®	ACE INHIBITORS (con't) MOEXIPRIL HCL MONOPRIL® FOSINOPRIL SODIUM PRINIVIL® UNIVASC® VASOTEC® ZESTRIL®	DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS ADALAT® ADALAT CC® AFEDITAB CR CARDENE® CARDENE SR® DYNACIRC® DYNACIRC CR® NICARDIPINE HCL NIFEDICAL XL NIFEDIPINE ER NIFEDIPINE I.R. NIFEDIPINE TABLET SA NIFEDIAC CC NORVASC® PLENDIL® PROCARDIA® PROCARDIA XL® SULAR®	NONDIHYDROPYRIDINE CCB'S (con't) TAZTIA XT TIAZAC® VERAPAMIL HCL VERELAN® VERELAN PM®
HIGH POTENCY STATINS LIPITOR® ZOCOR® CRESTOR®	ACE INHIBITOR DIURETIC COMBINATIONS ACCURETIC® QUINARETIC BENAZEPRIL HCL-HCTZ CAPOZIDE® CAPTOPRIL/HYDROCHLORO THIAZIDE ENALAPRIL MALEATE/HCTZ LISINOPRIL-HCTZ LOTENSIN HCT® MONOPRIL HCT® PRINZIDE® UNIRETIC® VASERETIC® ZESTORETIC®		BETA BLOCKERS ACEBUTOLOL HCL ATENOLOL BETAPACE® BETAPACE AF® BETAXOLOL HCL BISOPROLOL FUMARATE BLOCADREN® CARTROL® COREG® CORGARD® INDERAL® INDERAL LA® INNOPRAN XL® KERLONE® LABETALOL HCL LEVATOL® METOPROLOL TARTRATE NADOLOL NORMODYNE® PINDOLOL PROPRANOLOL HCL SECTRAL® SORINE SOTALOL, SOTALOL HCL TENORMIN® TIMOLOL MALEATE TOPROL XL® TRANDATE® ZEBETA®
COMBO STATIN/CAI VYTORIN®			
LIPOTROPICS: CAI ZETIA®			
COX II INHIBITORS BEXTRA® CELEBREX®		NONDIHYDROPYRIDINE CCB'S CALAN ® CALAN SR® CARDIZEM® CARDIZEM CD® CARDIZEM LA® CARDIZEM SR® CARTIA XT COVERA-HS® DILACOR XR® DILT-CD DILTIA XT DILTIAZEM ER DILTIAZEM HCL DILTIAZEM XR ISOPTIN® ISOPTIN S.R. ®	
ACE INHIBITORS ACCUPRIL® ACEON® ALTACE® CAPOTEN® CAPTOPRIL ENALAPRIL MALEATE LISINOPRIL LOTENSIN® BENAZEPRIL HCL MAVIK®	ACE INHIBITOR CALCIUM CHANNEL BLOCKER LEXXEL® LOTREL® TARKA®		
	COMBINATION HMG-COA REDUCTASE INHIBITOR and DHPCCB CADUET®		